

# The Politics of Cancer

By Christine Russell

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CONGRESS IS NOT noted for rejecting programs with deep mass appeal for quieter approaches that have a greater chance of success. Quiet successes do not win elections. But in the case of cancer research, the lawmakers, with President Nixon following behind, appear headed for the quieter attack. This approach, recently adopted by the House, provides considerably increased funding for cancer research, but it does not suggest that swift cures for cancer can be found in a crash program.

It has taken a considerable battle for this view to come to the fore—including fighting the powerful health lobby of Mary Lasker, persuading the President to change his mind for a second time, battling grass-roots emotions stirred by syndicated columnist Ann Landers, and opposing one cancer-stricken lobbyist who made last-ditch telephone appeals from his hospital bed.

The first major thrust for new cancer legislation came early last December, in a report to the Senate by a group called the Panel of Consultants on the Conquest of Cancer. Calling for a national crusade to conquer cancer, the panel suggested a bold approach involving creation of an independent agency whose sole mission would be to coordinate and expand cancer research.

The stimulus behind this group, Mary Lasker, philanthropist, widow of advertising executive Albert Lasker, who died of cancer in 1952, heads the foundation bearing the Lasker name, and a major influence on much of the nation's health legislation. Mrs. Lasker, who has stressed the areas of mental health and cancer, is credited with a considerable role in persuading Congress to increase appropriations for the National Institutes of Health (NIH) from \$2.5 million in 1945 to more than \$1.6 billion last fiscal year.

## Mrs. Lasker's Impatience

AS A MEMBER of the Advisory Council for NIH's National Cancer Institute, Mrs. Lasker and her informal health lobby became increasingly frustrated with both the bureaucratic inertia which slowed down the research pace and the stagnant cancer budget. While her doctor allies indicated that research leads were increasingly promising, the cancer budget only moved from \$175 million in 1967 to \$190 million in 1970, not even keeping pace with inflation.

The Panel of Consultants' report reflected Mrs. Lasker's impatience with the existing structure. The cochairmen—Dr. Sidney Farber, director of the Boston Childrens Cancer Research Foundation, and Benno Schmidt, a New York investment banker—both have close ties with her. Many of the 26 panel members have also been leaders of the American Cancer Society, of which she is an honorary chairman.

Legislation to implement the panel's recommendations was introduced by then-Sen. Ralph Yarborough of Texas, another Lasker ally who was chairman of the Labor and Public Welfare subcommittee on health. Yarborough also had introduced the Senate resolution creating the panel in the first place, and Mrs. Lasker contributed \$5,000 to his losing bid for reelection in 1970.

Last January, Sen. Edward M. Kennedy (D-Mass.) stepped into Yarborough's subcommittee chairmanship, and he soon reintroduced the bill to create an independent cancer agency.

Kennedy, Lasker, the American Cancer Society and such cancer specialists as Dr. Farber were convinced that a concentrated agency effort such as NASA's moonshot program was needed to push cancer research into significant breakthroughs. "The NIH cathedral doesn't want this type of targeted, practical research," complained Mike Gorman, a longtime promoter of the Lasker health lobby.

NIH the Laskerites charge, concentrates far too much on supporting basic research, that is, the study of fundamental life processes—and how it relates to diseases like many political leaders. The Laskerites don't see enough practical results—the cure of human beings—resulting from the tax dollars invested in research.

## The Nixon Switch

THE POLITICAL POTENCY of cancer research soon made it a bipartisan issue. Elmer Bobst, an 83-year-old pharmaceutical millionaire who also served on the Panel of Consultants, prodded his close friend Richard Nixon into joining the cancer battle. Sometimes, called the President's "honorary father," Bobst is a life member of the American Cancer Society as well as a \$63,000 contributor to the 1968 Republican campaign.

In his January State of the Union address, President Nixon proposed an additional \$100 million for cancer research this fiscal year. But he initially resisted Kennedy's tactic of moving cancer research out of the NIH. In a speech last February, his science adviser, Edward R. David Jr., said, "It is the President's belief that having honed and sharpened our biomedical research mechanism, the National Institutes of Health, we should now use it and call upon it. . . . Indeed, we do not believe in an AEC or NASA for cancer."

Support for Kennedy's proposal, however, continued to snowball, particularly after Ann Landers, a friend of Mary Lasker's, used her nationally syndicated column last April to endorse it.

"Who among us," she wrote, "has not lost a loved one to cancer? Is there a single person in my reading audience so incredibly lucky that his life has not been changed in some way by this dread disease? More Americans died of cancer in 1969 than were killed in the four years of World War II. Of the 200 million Americans alive today, 50 million will develop cancer. Approximately 34 million will die of it. Cancer claims the lives of more children under 15 years of age than any other illness."

Her appeal prompted hundreds of thousands of letters to Senate offices. California Sen. Alan Cranston's office alone received more than 50,000 messages.

In a May 11 announcement, President Nixon reversed his position on the Kennedy bill, just as it was about to be reported out of committee. Ann Landers claimed credit for changing Mr. Nixon's mind: "When he figured he couldn't beat us, he joined us." Bobst, during visits to the White House, is also said to have influenced the President.

Mr. Nixon said he would "ask Congress to give the cancer-cure program independent budgetary status and make its director directly responsible to the President."

But the Lasker forces and their Senate friends did not feel that an administration bill, introduced the day of the President's announcement, moved far enough toward independent status. Weeks of negotiations ensued between Kennedy subcommittee aides and the administration. Changes they made in the bill were cleared, via telephone to New York, with Panel of Consultants' cochairman Benno Schmidt. Finally there emerged a compromise bill, which proposed to keep the cancer agency nominally within NIH but essentially with independent status.

"We breathed life into the President's bill, using scissors and Scotch tape," remarks subcommittee staff counsel Leroy Goldman.

Only Sen. Gaylord Nelson (D-Wis.), a member of the Kennedy subcommittee, dismissed the compromise measure as a "free-swinging political compromise, without scientific merit." When the bill reached the Senate floor, he was the 1 in the 79 vote by which it passed.

## Uniting the Opposition

WHILE THE SENATE vote represented an overwhelming victory for the Lasker Kennedy forces, it also produced an effect they had not anticipated. It galvanized most major organizations of scientists into opposing the independent agency concept and favoring instead a continued effort within NIH.

This unusual mobilization was spearheaded by three Washington-based entities—Dr. John A. D. Cooper, president of the Association of American Medical Colleges, Dr. Philip Handler, president of the National Academy of

Sciences, and Dr. John Hogness, president of the Academy's newly created Institute of Medicine.

The scientific opposition hit fertile ground when the legislation reached the House. It was assigned to the Public Health and Environment Subcommittee, whose chairman, Rep. Paul G. Rogers (D-Fla.), had long disagreed with the Kennedy idea of separating cancer research from NIH. While Rogers was a newcomer to the health field, he had beaten the administration once before in the arena. Its preceding scientific witnesses at subcommittee hearings, he had forced the Nixon administration to keep control of narcotics legislation in the Department of Health, Education and Welfare instead of giving it to the police-oriented Justice Department.

Rogers followed the same tactic after he introduced a "cancer attack" bill in September. Rejecting the Senate bill as a cosmetic approach to a complex problem, he held four weeks of hearings in which 51 witnesses built their case for attacking cancer through the NIH system.

Scientists after scientist testified that breakthroughs on the cancer front would depend upon long-term advances in fundamental science—genetics, immunology, genetics and cell biology. Since basic research of this type is funded under several institutes at NIH, advances in the cancer area could conceivably come from any of them.

Dr. David Baltimore, a Massachusetts Institute of Technology scientist, for example, made a discovery 18 months ago about virus enzymes which has important implications for cancer causation. His work was funded by the National Institute of Allergy and Infectious Diseases. Baltimore feels that "cancers are still a mystery. To maintain progress, we need a strong, broadly based research effort, not a channeled, directed attack. Only when the problem is better understood will a crash program be justified."

Since no one knows exactly why a cell becomes malignant, "an all-out effort at this time would be like trying to land a man on the moon without knowing Newton's laws of motion," remarked Dr. Sol Spiegelman, a cancer specialist at Columbia University.

Moreover, cancer is not one but hundreds of diseases, and "it is likely that progress will be made in different forms of cancer at different rates. Most scientists do not believe that we are likely to have anything like a penicillin for all forms of cancer," stated Dr. Carl Baker, current director of the National Cancer Institute.

Many scientists also feared that a separate agency would be a giant step toward dismantling NIH because other institutes would press for independence. Indeed, the American Heart Association has already served notice that if cancer is put into a separate agency it will seek similar status for heart diseases, which kill twice as many Americans annually as cancer.

## "Oiling" the Machinery

BASED ON THE testimony, Hogness and his subcommittee found no major scientific case for separation. The most judicious balance between fundamental and applied research seemed to be offered by intensifying the cancer effort through the NIH machinery. "Let us oil it and refuel it and shift into high gear to win the race against cancer," said Dr. Phillip Lee, former assistant secretary of health and scientific affairs at HEW.

The Rogers bill provides the "oil" by streamlining the lengthy administrative process that bothered the Panel of Consultants. The cancer institute is accorded special status, allowing the director to speed up the procedure for approving research grants and to send his budget directly to the President, officials at NIH and its parent department HEW could make comments but not changes. Because of the President's desire to oversee the program, a three-man watchdog panel would monitor the cancer institute and report to him.

The House bill authorizes \$1.5 billion over the next three years (the Senate bill left funding open-ended), adds 15 major clinical research centers and reinstates the cancer control programs that were financially phased out a year ago (these include Pap tests for cervical cancer, breast cancer detection, and personnel training). Without making false promises that a speedy cure is in the offing, the Rogers bill represents a significantly enhanced commitment to cancer research.

The Rogers subcommittee, including the three Republican members, stood firmly behind their position, despite last minute lobbying for the Senate approach. A Citizens Committee for the Conquest of Cancer, cochaired by Dr. Farber, and backers of the American Cancer Society sponsored a \$38,000 advertising campaign in three major city newspapers and 21 home papers in subcommittee members' districts. In addition, the Cancer Society's Washington lobbyist, Col. Luke C. Quinn Jr., himself stricken with cancer, made phone calls from his hospital bed to try and get subcommittee members to reverse their stand. But the Rogers bill moved easily from committee to House, where it passed two weeks ago, 350-5.

A House-Senate conference on the two bills is scheduled for this week, but the final collision of the measures is more likely to produce a dull thud than a hard-hitting clash. Through his health adviser, Dr. James Cavanaugh, who helped engineer both the Senate compromise and the final House bill, and through Rep. William Springer (R-Ill.), ranking Republican on the Commerce Committee, which cleared the Rogers bill, President Nixon is now giving tacit approval to the House version. American Cancer Society sources privately indicate that they, too, find the Rogers bill acceptable, though they formally favor the Senate version. All this should help the Rogers position prevail in conference.

Whatever the final language of the measure, the congressional battle itself has been of considerable benefit. It should make clear to the public, on the one hand, that it cannot expect instant cures to cancer—and that Congress, anyway, cannot legislate the remedies. On the other hand, it should serve as ample reminder to scientists that the public has a deep stake in their research, and that it will not tolerate for too long the ivory tower attitudes that sometimes do creep into their work. The scientists will have to give a convincing performance that they are, indeed, progressing toward practical payoffs.